

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) William H. Booze IV 00256158  
 (Name of Plaintiff) (Inmate Number)  
DELAWARE CORRECTIONAL CENTER  
Bldg. 22 C 12-L  
1181 Paddock Rd. / Smyrna, Delaware 19977  
 (Complete Address with zip code)

07-82

(2) \_\_\_\_\_  
 (Name of Plaintiff) (Inmate Number)

\_\_\_\_\_  
 (Case Number)  
 (to be assigned by U.S. District Court)

\_\_\_\_\_  
 (Complete Address with zip code)

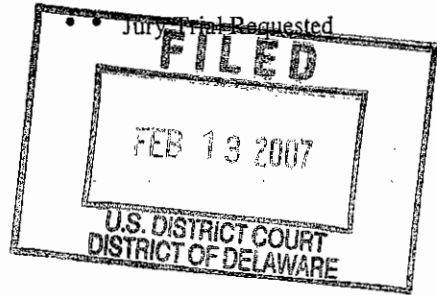
(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

**CIVIL COMPLAINT**

(1) CORRECTIONAL MEDICAL SERVICES  
 (2) DR. DALE ROGER S  
 (3) Rebecca Vilet (Nurse)  
 (Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NO - Lawsuit (?) has ever been Filed by  
Plaintiff.

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William H. BOOZE, IV, Plaintiffs

V. S.

Name of Defendants, Cont'd.

4. Gami Neal (NURSE)
5. Sherell OTT (NP)
6. Cheryl (NURSE)
7. SCOTT S. Altman (CMS-quality Assurance monitor)
8. James P. Sattenfield (DCC-staff Lt.)
9. Anthony J. Randina (DOC-Employee)
10. Ralph HEVERIN (DCC-Hearing officer)

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • • No
- C. If your answer to "B" is Yes:
1. What steps did you take? I filed grievance (3) which  
wasn't Answer. I wrote Deputy Warden
  2. What was the result? Deputy Warden Pierce replied  
(see
- D. If your answer to "B" is No, explain why not: \_\_\_\_\_

**III. DEFENDANTS** (in order listed on the caption)

- (1) Name of first defendant: CORRECTIONAL MEDICAL SERVICES  
Employed as Corporation at Delaware DOC  
Mailing address with zip code: 1201 College Park Drive Suite 101  
DOVER, Delaware 19904
- (2) Name of second defendant: DR. DALE ROGERS  
Employed as Medical Doctor at CMS/Delaware Correctional Center  
Mailing address with zip code: CMS/Delaware Regional Office  
1201 College Park Drive, Suite 101 - DOVER, DE. 19904
- (3) Name of third defendant: Rebecca Vilet  
Employed as CMS - NURSE at Delaware Correctional Center  
Mailing address with zip code: 1201 College Park Drive - Suite 101  
DOVER, Delaware 19904  
(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

- (4) Name of 4<sup>th</sup> Defendant: JANI Neal  
Employed as CMS-NURSE  
AT Delaware Correctional Center  
Mailing Address: 1201 College Park Drive  
Suite 101; Dover, Delaware 19904
- (5) Name of 5<sup>th</sup> Defendant: SHERELL OTT  
Employed as CMS-NP  
AT Delaware Correctional Center  
Mailing Address: 1201 College Park Drive, Suite 101  
Dover, Delaware 19904
- (6) Name of 6<sup>th</sup> Defendant: CHERYL  
Employed as CMS-NURSE  
Mailing Address: 1201 College Park Drive, Suite 101  
Dover, Delaware 19904
- (7) Name of 7<sup>th</sup> Defendant: SCOTT S. Altman  
Employed As CMS- "Quality Assurance Monitor"  
Mailing Address: 1201 College Park Drive, Suite 101  
Dover, Delaware 19904
- (8) JAMES P. SATTERFIELD (Name of 8<sup>th</sup> Defendant)  
Employed as: Department of Corrections STAFF Lt.  
Mailing Address: Delaware Correctional Center  
1181 Paddock Road  
Smyrna, Delaware 19977

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(9) NAME of Ninth Defendant: Anthony J. Rendina  
Employed as: Department of Corrections Employee  
Mailing Address: DOC - 245 McKee DRIVE  
DOVER, Delaware 19901

(10) NAME of 10<sup>th</sup> Defendant: Ralph Heverin  
Employed as: Delaware Correctional Center  
HEARING OFFICER (Lt.)  
Mailing Address: Delaware Correctional Center  
1181 Paddock Road  
Smyrna, Delaware 19977

## IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. CORRECTIONAL Medical SERVICES is the Company  
Who provide HEALTH CARE to DOC/DOC  
INMATES and The Employer of Defendants  
DR. DALE ROGERS, Rebecca Vilet, GRACE Neal,  
SHERELL OTT, "NURSE" Cheryl, and Scott S. AITMAN.
2. ~~DALE~~ DALE ROGERS, Refused my Medications,  
Lied & PLOTTED with NP SHERELL OTT, Nurse  
Rebecca Vilet; NURSE Cheryl, and NURSE Neal  
concerning my medications; threats to  
me if - I Talked with NEWS media,
3. JAMES SATTERFIELD (acc. W.), (W.) RALPH  
HEVERIN and Anthony J. Rendine plotted  
together to Punish me for Nurse Vilet  
and Scott S. AITMAN, Became involved to  
deny me medication and my rights to speak  
with the NEWS media

## V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

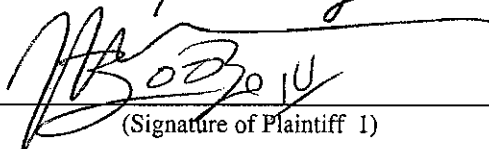
1. ORDER defendants to issue All of my  
medications to me. order defendants  
to stop their plots to deny my rights to  
the NEWS media; - order defendants to  
pay \$5,000,000.00 in Damage etc



2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. ORDER defendants to pay \$ 5,500,000.<sup>00</sup>  
IN DAMAGE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15<sup>th</sup> day of January, 2007.

  
\_\_\_\_\_  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

William H. Booze IV

Name (Print)

Bldg 22 C 12 L

Housing Location

12-30-40

Date of Birth

256158

SBI Number

01-11-07

Date Submitted

Complaint (What type of problem are you having)? I'm in constantly  
pain-, my neck is the size of 2-neck,  
Rebecca et al - (ALL NURSES) HAVE Refused To  
Render medical-Assistance and/or my Medications

[Signature]

Inmate Signature

01-10-07

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time



Memo to DW Building

Inmate William Booze SBI # 256158, was given an eye patch on 12/10/05 as a backup to the one he already has, he also has an ace wrap to his left leg. He is authorized by medical to have both of these items.

Thanks  
Bubler 12/10/05

**Bayhealth**

Medical Center  
KENT GENERAL HOSPITAL  
PO BOX 822105  
PHILADELPHIA, PA 19182-8638

Patient Name: WILLIAM BOOZE

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	
CARD NUMBER	EXP. DATE	AMOUNT	
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	

07/21/06

\$1,226.00

K0510200374

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT  
PAID HERE \$

00454727 1 00122600 7  
WILLIAM BOOZE  
1181 PADDOCK RD  
SMYRNA, DE 19977

BAYHEALTH MEDICAL CENTER  
PO BOX 822105  
PNC BANK  
PHILADELPHIA, PA 19182-2105

K05102003741P010007212006001226009

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH  
YOUR PAYMENT IN ENCLOSED ENVELOPE

ACCOUNT NUMBER	PATIENT NAME	ADMIT DATE	DISCHARGE DATE	PATIENT TYPE
K0510200374	WILLIAM BOOZE	04/19/05	04/19/05	OPK CO

DATE	DESCRIPTION	AMOUNT
11/23/05	Previously Billed Balance	\$1,226.00
	Account Balance	\$1,226.00
	Estimated Insurance Liability	\$0.00
	Patient Responsibility	\$1,226.00

Thank you for choosing Bayhealth Medical Center to meet your healthcare needs. According to our records, your account has an open balance, which is your responsibility.

If you believe this open balance is incorrect or you have additional insurance information to provide us, please contact our Billing Support Department, Dover calling area (302)744-7081, Milford calling area (302)430-5728, all other calling areas (877)744-7081. Operating hours are Monday through Friday, 8:00 a.m. to 4:00 p.m.

*Why Am I Receiving these Bill's and 21 July 06*

PAY THIS AMOUNT

\$1,226.00

SUMMARY OF ACCOUNTS FOR: WILLIAM BOOZE

KENT GENERAL HOSPITAL  
PO BOX 822105  
PHILADELPHIA, PA 19182-8638

BALANCE FORWARD OF ALL ACCOUNTS	1,226.00
TOTAL CHARGES AND ADJUSTMENTS	0.00
TOTAL INSURANCE PAYMENTS	0.00
TOTAL PATIENT PAYMENTS	0.00
<b>TOTAL ACCOUNT BALANCE</b>	<b>1,226.00</b>
ESTIMATIONS INSURANCE LIABILITY	0.00
GUARANTOR RESPONSIBILITY	

**STATEMENT**

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

## INMATE ACQUIRED OR CONFISCATED PROPERTY

INMATE NAME: Booze William SBI# 06256158  
 HOUSING UNIT: P/WC-19 bottom DATE: 2/13/06 TIME: 2300

ITEM	DESCRIPTION/BRAND NAME	S/P**	QUANTITY	CONDITION (Poor/Fair/Good)
19	Nasacort AQ Nasal spray	P	3	✓ poor
20	Major Eye Wash	P	4	✓ poor
21	Benzoyl Peroxide Gel	P	4	✓ poor
22	Eltergrip Denture cream	P	1	✓ poor
23	Artificial Tear solution	P	6	✓ poor
24	Therapeutic Shampoo	P	1	✓ poor
25	Miconazole Nitrate cream	P	1	✓ poor
26	Medique Pain off	P	2	✓ poor
27	Medique Sepasothie	P	1	✓ poor
28	throat lozenges	P	2	✓ poor
29	Antifungal cream	P	1	✓ poor
30	Triple Antibiotic Ointment	P	1	✓ poor
31	Hydrocortisone cream	P	1	✓ poor
32	GRX Analgesic Balm	P	1	✓ poor
33	Green photo book	P	1	✓ poor
34	blue photo book	P	1	✓ poor
35	band aids	P	10	✓ poor
36	Macuchan Hot & Spicy Vegetables	P	2	✓ poor

PROPERTY ROOM

FEB 15 2006

RECEIVED

c/o S. Benson  
 Officer's Name (Print Clearly) Sgt. Michael W. Bryson SR.  
 Supervisor's Name (Print Clearly) Sgt. Michael W. Bryson SR.

4X17  
 Shift  
 4X12  
 Shift

c/o S. Benson  
 Officer's Signature Who Inventoried Property [Signature]  
 Supervisor's Signature Reviewing Inventory [Signature]

## Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

\_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_, by \_\_\_\_\_, within \_\_\_\_\_  
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

## Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

\_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_, by \_\_\_\_\_, within \_\_\_\_\_  
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

## Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

\_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_, by \_\_\_\_\_, within \_\_\_\_\_  
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

DR. DALE ROGER ~~said~~ me  
 Wednesday 8:30 AM the 10<sup>th</sup>  
 Day of August 2006. To tell me  
 that she was TAKING all medication  
 Scott S. Altman This is 1<sup>st</sup> Time DR. Roger  
 Quality Assurance Monitor ~~has~~ <sup>seen</sup> me she Did  
 Correctional Medical Service ~~Not~~ <sup>Examine</sup> me.  
 10<sup>th</sup> August 06

MR. ALTMAN,

This is to acknowledge your letter dated the  
 8<sup>th</sup> Day of August 2006, Post-Marked the 8<sup>th</sup> Day of  
 August 2006 with a "Machine stamped" dated the 7<sup>th</sup>  
 Day of August 2006, which I received on this date.  
 Let me be "Direct", your letter is a lot of Bull-  
 and lies. You have completely insulted me and  
 my intelligence with this letter. It's true that  
 I'm a Black-MAN who happen to be in prison, But  
 I'm not as Dumb as you seem to think.

Altman, you don't know one thing concerning  
 my complaint, you HAVEN'T investigated one thing  
 and you don't even know who was involved with  
 this medical-injustice, racism and lies.

#1- I NEVER told Anyone (Verbal or in Writing)  
 that Ms. Rodweiller told me to "Die and go to Hell";  
 I DO NOT know Ms. Rodweiller, nor have I ever met  
 Ms. Rodweiller or knowingly spoken with the lady. I  
 did request an interview with Ms. Rodweiller - after  
 was told by DEC-STAFF (that) Ms. Rodweiller handle all  
 inmate complaints concerning C.M.S. My Complaint  
 was against A White Nurse (Rebecca Vilet) and a  
 Black Nurse (Gani Neal) who flat out lied,  
 had my medications removed and REFUSE to  
 give me My Heart-Medications and the female Nurse  
 Vilet made the statement concerning Die and Go to  
 Hell. If I ever see "Die and Go to Hell" again



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your letter (which I've enclosed with a note of the lies told) which I'm forwarding a copy to Honorable Sue Robinson et al - is a letter that I can not believe! One thing about Dec-officer's, from the window on down even if they don't like you, they will do all within their power to see that you're given medical-attention. CMS - who is suppose to be our (Dec-prisoner) "Healthcare-Partner" Refuses to do anything that may stop the medical-lies told, mistreatment and/or corruption within the company.

Mr. Altman, I'm not the type to be angry because of injustice done to me, but it is very sad that you would allow yourself to be caught up in the lies of CMS (MAH/SHU) staff and even sadder is the fact that you're using your position to cover-up something so small that could have been handle so easy. All I ask for is justice and fairness. I do-not like going to the courts, Attorney and/or News Media for help, but if that's the only avenue I have to make sure that I receive medical-attention, than so be it! I CAN-Not thank you for your letter, because #1- I Never wrote you, (unless your name is "John" the Administrator) you Did-Not investigate anything concerning my complaints and/or problem & you've insulted my intelligence with the "Bull" of your letter... I'm not your partner in Healthcare, But - I Am

cc: Warren Thomas Carroll  
 M.T. Kinkpatrick, Esq.  
 Lee Williams  
 Louetta Lynch, Esq.

William H. Booze III  
 SBI # 256158

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 And do anything to an inmate since she has a relationship with certain CO's and Sgt's who will threaten and/or physically attack an inmate if she request them to do so.

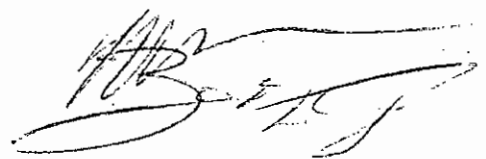
From your letter I see that you have NO interest in the Truth, Apparently - You Write your letters Based on protecting your company, the racism and corruption within CMS etc. Let me explain, I'm a Prisoner, who-do not believe in snitching, lying-and/or - bending just because of Delaware known-Racist Attitude in all quarters.

But I Also Do-Not Believe in Filing Complaints, Especially against prison officials, who has a tough enough job as it is! I'm heartily - sad (that) the Black-female "NB" (Ms. Sherrill Ott) and your CMS-Administrator (John) lied to me to my face! After I personally wrote Deputy Warden Pierce withdrawing my complaint because "Ott" told me that she would take care of the medication etc. Instead the female and John - Took away my Diet, 75% of all medication order by Dr. Druse, which has my Neck-swelling down, my Head-stop swelling and - I was able to live day to day without - trouble. I HAVE NEVER been seen by Dr. Rogers, since my confinement here at DCS in 2003, this woman have NEVER - so much as asked me if I had a medical problem. You people have no concern for me, my health or any Black Prisoner Welfare, If Not for a white Correctional Sgt. and Officer, I would have died; you people withheld my Nitro's, Nitro-patch etc from me; My knee brace was taken whereas my leg is in ruin, My eye-medication was withheld for 47-days, I've lost all sight in my right eye, - which Dr. Druse

Mail Tuesday 15<sup>th</sup> Aug 06.  
this date: Monday 14<sup>th</sup>

After Note:

With a sincere desire to still give CMS the benefit of Doubt, I withheld this respond until above mention date, But Again - Li's and intentionally medical-male practice by CMS-Nurses... I turned in, as instructed containers for Exchange of "Pain pills, eye wash, ointments etc to Rebecca Vliet - personally on Wednesday (14<sup>th</sup>) the 9<sup>th</sup> Aug 06, as of this date Nurse Vliet and Nurse Neal have refused to give me anything. My head is killing me, my left is in pain and my skin is breaking out again. Also this morning, I went along with a request, against my better judgement - (after CMS Nurses attempt to tell or effect inmates thru drawing blood at young's connection) to allow Nurse Stephanie to draw blood from my arm. It seems as if there is NO-Desire By CMS - ~~XXX~~ (employees/nurses) to do anything except lie, abuse their positions and cover up for each other. We, as inmates/prisoners, is better off with Dec-connectional officers looking out for our health, Because CMS OHRC isn't.





CMS

DEDICATED PEOPLE  
MAKING A DIFFERENCE

Correctional Medical Services

William Booze  
SBI # 256158 MHU 22 CL 12B  
1181 Paddock Road  
Smyrna, DE 19977

8 Aug 2006

Dear Mr. Booze,

I received your letter dated 17 July 2006. I apologize for my delays in responding to you but I wished to give you a detailed response.

The Dr. Rogers you refer to is the physician who supervises the medical operations of the MHU and SHU housing areas. It is an acceptable practice for her to make alterations in care plans based on her knowledge of a subject and current treatment policies and protocols. I apologize if this was not explained to you.

The fact that your medications were removed from your cell was done for your safety. On 24 March 2006; a note in your chart indicates a sick call request for medications, which you had not received for three weeks. The Correctional and Medical staff on 3/29/06 conducted an inventory of your cell and large amounts of your

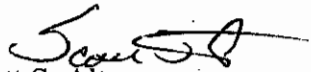
medications were present. The medications were returned to you at that time with the understanding that you were responsible for their care. On 7/12/06 you requested nitroglycerin pills for chest pain. The nurse offered you the Nitroglycerin patch, which had been prescribed by your physician, but you had refused for the previous 30 days.

This was discussed with the supervising provider who felt that we should administer your medication at this time. She stated that she had discussed with you and agreed that you would be allowed to continue participation in our "KOP" program with a one-for-one exchange of medications. This allows us to ensure there is no confusion over which medications you should take or their required dosages. On 7/9/06 you received the following medications: Tylenol, Analgesic Balm, Metoprolol, Hytrin, Multi vitamins, Coated Aspirin, and your eye solutions. These items were mistakenly issued to you in their full 120 day quantities. On 7/17/06 these medications were taken, an inventory performed, and the appropriate 30-day doses returned to you. Once again; this action is taken for your safety and should not be viewed as punitive in nature.

I am concerned about the conduct of our staff; Ms Rodweiller is an extremely professional nurse and I have never had a complaint of her telling someone to "die and go to hell". If you have witnesses to this statement, please provide with their names so I can investigate this claim further.

*SALE, I  
Never said this  
about this  
body*

Your Partner in Healthcare,

A handwritten signature in black ink, appearing to read "Scott S. Altman", written in a cursive style.

Scott S. Altman  
Quality Assurance Monitor  
Correctional Medical Services

CC: Warden Thomas Carroll  
Medical Record

Attachment 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

I HAVE A SUPPLY OF :

Chlorpheniramine (4mg)  
 Aspirin (81 mg.)  
 Metoprolol TART (25 mg)  
 TERAZOSIN HCL (2mg.)  
 Absorbase (120 Lm) Cream  
 Selenium Sulfide Lotion USP 2.5%  
 Eye Wash (4 fl. oz.)  
 Artificial Tears (15ml)


I NEED : (I HAVE A one on one EXCHANGE)  
 (I had prescriptions (order) for Below listed)

NASACORT NASAL Spray	Eye Patch
A-and-D Ointment	Knee Brace
Analgesic Balm	ACE Bandage
Medique Pain-off	Diet Plus <sup>AM - PM</sup> SNACK
Levothyroxine sod 0.75mg	Hydrocort Cream
Multivitamin Tabs	Tylenol <del>(XXXX)</del>
Nitroglycerin	Benzoyl Peroxide 10%
Coal TAR Shampoo	Hydrocortisone Cream
Lubriskin Lotion	



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
OFFICE OF THE DEPUTY WARDEN  
DELAWARE CORRECTIONAL CENTER  
1181 Paddock Road  
SMYRNA, DELAWARE 19977  
Telephone: (302) 653-9261  
Fax: (302) 659-6668

MEMORANDUM

TO: IM William Booze SB# 256158 MHU 22 CL12B  
FROM: Deputy Warden Pierce   
DATE: July 19, 2006  
RE: Medication

---

I received your letter dated July 17 2006, regarding your current medical situation and have forwarded your concerns to Director of Nursing Eller for her investigation.

DP/dc  
Attachment  
cc: Director of Nursing Eller  
File

RECEIVED

JUL 19 2006

DEPUTY WARDEN I

MH422  
C123Mr. D. Puccio  
Deputy Warden17<sup>th</sup> July 2006

Sir,

This communication concerns my medication which I spoke with you about during your visit to C Unit Bldg. 22.

On the 14<sup>th</sup> day of May 2006, Nurse Rebecca Vliet and Lt. James Satterjies had all of my medication removed from my cell. Due to a lie Nurse Vliet created due to my communication with the News Media concerning the CMS investigation etc I was told that the medical staff "was too far to pay", they took my heart medication and refused to give my Nitro Pills (from the 14<sup>th</sup> May 06 til July 7 or 8<sup>th</sup>) I was told that I would pay with my life, the Black Nurse (head nurse), Nurse Vliet and another nurse whom I don't know the name - All have abused their authority flat out lied, my skin has completely broken out, my eyes have gone completely blind because the nurse's refused to give me my eye wash, NO DOCTOR has seen me since my confinement here in MHC my head and neck has swell twice etc etc the pain in my head is 24/7, I can barely swallow.

DR. Druet, had prescribed medication for me which had me 100% on the Right Road.

I HAVE NEVER SEEN NO Black Doctor NAME Roger, although I was told that "DR. ROGER" OVER-RULED DR. Druet and took my Prescription BACK, due to my problems with the MHU-Medical staff and it, so the Jt. Hikerin (who has a problem with any Black female who call a White woman a Bitch and who know Deppone well that I was guilty of the White lie that female who also who refused to call my witnesses, BECAUSE she is a Black officer, who he say he wouldn't believe over the White nurse ANYWAY).

I have written Ms. Deborah Redwaller, 3-letters with no respond, except the nurse's saying that "this is their show in MHU and NO ONE can over ride their decision and as far as she (she was concern, I could die I go to Hese (HER EXACT WORDS). I NEVER spoke with the Doctor in July concerning my medical problems although I'm a chronic-care inmate. IF not for the direct involvement of a White Sgt. and officer Callahan, I would have never received my Nitro, which was with-held by the nurse's for more than 45 days; I also wish to speak with any Investigator Investigating CMS.

William H. Proitz

cc: 3.

DBI # 256158



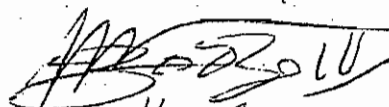
Ms. Deborah Rodweller  
CMS - Investigating Officer

26<sup>th</sup> June 06 - 12:10A

Ms. Rodweller,

Will you please grant me a  
personal - interview. I need to  
speak with you or Ms. Malvey the  
Hospital - Administrator concerning a  
matter of the MOST importance.  
Please - Acknowledge the receipt of  
this Request.

Respectfully,



William H. Booze IV

SBZ # 256158

Mt. Bldg. 29. C-12-1

copy of letter  
sent to Ms. Rodweller

cc: S. A. Hodson, Esq.

Hon. E. Scott Bradley



Disciplinary#  
1024975DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 05/14/2006

**DISCIPLINARY REPORT**

Disciplinary Type: <u>Class1</u>		Housing Unit <u>Bldg 22</u>		IR#: <u>1032430</u>	
SBI#	Inmate Name	Inst. Name	Location Of Incident	Date	Time
00256158	Booze, William H	DCC	Bldg.22 C Tier	05/14/2006	09:30

Violations: 2.03/200.106 Creating a Health, Safety or Fire Hazard, 2.10/200.213 Lying, 2.13/200.111 Possession of Non-Dangerous Contraband, /200.112 Abuse of Prescribed Medication

Witnesses: 1. N/A 2. N/A 3. N/A

**Description of Alleged Violation(s)**

May 13, 2006 1600. During Medication Administration Pass, I/M Booze Informed Me That He Is Out Of All Medications Except One And Has Not Received Them For Weeks. Medical Documentation Shows That Mr. Booze Was Given Sufficient Medication Through Today On One Medication, And For At Least Another 30 Days On The Remaining 4. Some Of The Medications He Is Claiming To Be Out Of Are No Longer Ordered For Him And He Was Informed Of This By Nursing When They Were Stopped Over A Month Ago. His Claims Are Disruptive During Medication Pass And Reasearching Them Is Time Consuming. Incidents Such As This Have Been Frequent Since His Arrival In The Mhu.

Reporting Officer: Vliet, Rebecca (Contractors - Medical)

**Immediate Action Taken**

Immediate action taken by: Vliet, Rebecca -Contractors - Medical

Lt. Notified And Report Written

**Offender Disposition Details**

Disposition: N/A Date: N/A Time: N/A Cell secured? No  
Reason: N/A

Disposition Of Evidence: All Medication Were Confiscated And Returned To The Medical Department The Nurses Will Now Be Given Him His Medication Each Day.

**Approval Information**

Approved: ☒ Disapproved: ☐ Approved By: Satterfield, James P (Staff Lt./Lt)

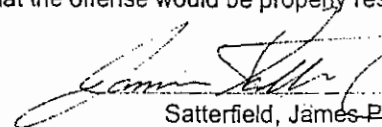
Comments: N/A

**Shift Supervisor Details**

Date Received: 05/14/2006 Time: 15:07 Received From: Satterfield, James P

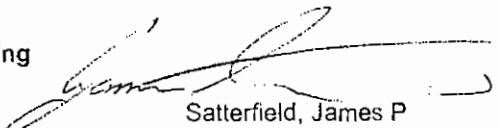
**Shift Supervisor Determination:**

- ☐ Upon reviewing this Disciplinary Report, I conclude that the offense may be properly responded to by an immediate revocation of the following privileges(see reverse side) for \_\_\_\_\_ hours not to exceed 24 hours)
- ☒ Upon reviewing this Disciplinary Report, I conclude that the offense would be properly responded to by Disciplinary Hearing.

  
Satterfield, James P (Staff Lt./Lt)

I have received a copy of this notice on DATE: 5-14-06 TIME: 1515 and have been informed of my rights to have a hearing and to present evidence on my own behalf. I understand, if found guilty, I will be subject to imposition of sanctions outlined in the Rules of conduct.

Preliminary Hearing  
Officer:

  
Satterfield, James P

Offender:

Booze, William H

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) William H. Booze IV 00256158  
 (Name of Plaintiff) (Inmate Number)  
DELAWARE CORRECTIONAL CENTER  
Blg. 22 C-12-L  
1181 Paddock Rd. / Smyrna, Delaware 19977  
 (Complete Address with zip code)

(2) \_\_\_\_\_  
 (Name of Plaintiff) (Inmate Number) (Case Number)  
 ( to be assigned by U.S. District Court)

\_\_\_\_\_  
 (Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

**CIVIL COMPLAINT**

(1) CORRECTIONAL MEDICAL SERVICES  
 (2) DR. DALE ROGERS  
 (3) Rebecca Vilet (Nurse)  
 (Names of Defendants)

• • Jury Trial Requested

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

No - lawsuit (?) has ever been Filed by  
Plaintiff.

(Rev. 5/05)

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UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) William H. Booze IV 00256158  
(Name of Plaintiff) (Inmate Number)

DELAWARE CORRECTIONAL CENTER  
Bldg. 22 C 12-L  
1181 Paddock Rd. / Smyrna, Delaware 19977  
(Complete Address with zip code)

(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)

(Case Number)

(to be assigned by U.S. District Court)

(Complete Address with zip code)

(Each named party must be listed, and all names  
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vs.

**CIVIL COMPLAINT**

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(2) DR. DALE ROGERS

(3) Rebecca Vilet (NURSE)  
(Names of Defendants)

• • Jury Trial Requested

(Each named party must be listed, and all names  
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**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NO - Lawsuit (?) has ever been Filed by  
Plaintiff.

IM William H. Sus' 2. IV  
SBI# 256158 UNIT- Bldg. 22  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977



Clerk  
U.S. District Court  
Lock Box 18  
844 N. King Street  
Wilmington, Delaware  
19861

U.S.M.S.  
X-RAY

Envelope 2 - of 3